secure.dss.ca.gov/c	cld/TransparencyAPI/api/FacilityRep	orts			
Department of					
SOCIAL SERVICES	5				
Community Care L	icensing				
FACILITY EVALUA					
Facility Number: 6					
Report Date: 10/2					
Date Signed 01/15	5/2016 10:44:55 AM				
AGENCY	STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-54 SACRAMENTO, CA 95814		
FACILITY NAME:	CLARINDA ACADEMY			FACILITY NUMBER:	602300055
ADMINISTRATOR:	MIKE BUTT			FACILITY TYPE:	731
ADDRESS:				TELEPHONE:	
CITY:		STATE:		ZIP CODE:	
CAPACITY:	242	CENSUS	: 185	DATE:	10/29/2013
TYPE OF VISIT:	Case Management - Other	ANNOUN	ICED	TIME BEGAN:	10:24 AM

NARRATIVE		

TIME COMPLETED: 02:55 PM

Reggie St. Romain, Mike Butt, Andrea Yerington

MET WITH:

#### PURPOSE OF VISIT:

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As mandated by California law, this visit was performed on the date referenced by the undersigned California Department of Social Services (CDSS) licensing evaluator for the purpose of annual recertification. Annual recertification is performed in order to assure that the facility continues to:

- have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision and treatment services to youth in care.
- remain in substantial compliance with California licensing standards and regulations, as well as licensing standards and laws of the state the facility is located in this case, the state of lowa.

#### **CERTIFICATION HISTORY; FACILITY INFORMATION AND PROGRAM:**

Clarinda Academy has been certified by the CDSS since October 23, 2008.

Clarinda Academy is a 252-bed residential treatment and educational program for adjudicated and/or at risk male and female youth, age 12 to 17. At the time of this year's visit, the facility census was 185. In addition to having youth from lowa and California in residence, the facility has youth from numerous other states.

The program offered emphasizes behavioral change through the establishment of a positive peer/normative culture, intensely scheduled programming, and skill-building activities. Clarinda's behavioral thinking processes focus on the intervention and redirection of negative behavior and recognition of desired/positive behavior. (NOTE: Reference the initial certification report of October 23, 2008 for a complete description and overview of Clarinda, its program, purpose, methods and goals.)

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-

8763

LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-

5751

LICENSING EVALUATOR SIGNATURE: DATE: 12/12/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE** 

**SIGNATURE:** 

**DATE:** 12/12/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04) Page: 1 of 8

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**FACILITY EVALUATION REPORT (Cont)** 

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS

8-3-54

SACRAMENTO, CA 95814

**ACADEMY** 

**FACILITY NUMBER:** 602300055

**VISIT DATE: 10/29/2013** 

#### **NARRATIVE**

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#### **CA PLACING AGENCIES:**

There are currently 41 probation wards and social services dependents from California placed at the facility. California placing agencies include the following in the number indicated:

- Alameda County Probation (6)
- Imperial County Probation (2)
- Imperial County Social Services (1)
- Kern County Probation (4)
- Marin County Probation (1)
- Riverside County Probation (5)
- Sacramento County Probation (8)
- Sacramento County Social Services (1)
- San Joaquin County Probation (5)
- San Joaquin County Social Services (1)
- Santa Clara County Probation (2)
- Sonoma County Social Services (4)
- Stanislaus County Probation (1)

#### **IOWA LICENSING INFORMATION**

As part of this certification review, contact with Iowa Licensing and copies of current licenses and licensing reports were collected. Each residential building (known as a hall) on the Clarinda campus is licensed individually as a Community Residential facility by the Iowa Department of Human Services. The name of each hall, their capacity and the effective dates of the current licenses are as follows:

- Washington Hall (Capacity 30): 9/1/2013 through 9/1/2014
- Jackson Hall (Capacity 32): 5/1/2013 through 5/1/2014.
- Kennedy Hall (Capacity 31): 5/1/2013 through 5/1/2016
- Jefferson Hall (Capacity 30): 5/1/2013 through 5/1/2016

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-

8763

LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-

5751

LICENSING EVALUATOR SIGNATURE: DATE: 12/10/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	<b>DATE</b> : 12/10/2013

LIC809 (FAS) - (06/04) Page: 2 of 8

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-54 SACRAMENTO, CA 95814
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FACILITY NAME: CLARINDA ACADEMY

FACILITY NUMBER: 602300055

VISIT DATE: 10/29/2013

NARRATIVE

#### **IOWA LICENSING INFORMATION** (Continued)

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- Lincoln Hall (Capacity 33): 1/1/2012 through 1/1/2015
- Coolidge Hall (Capacity 26): 11/1/2011 11/1/2014
- Angelou Hall (Capacity 32): 11/1/2011 through 11/1/2014
- Parks Hall (Capacity 28): 11/1/2011 through 11/1/2014
- Anthony Hall (Capacity 10): 1/1/2013 through 1/1/2016
- Regan Hall (Capacity 15): 7/1/2013 through 7/1/2016

#### **COMPLAINTS AND INVESTIGATIONS:**

No formal complaints concerning Clarinda were made to the CDSS during this certification period.

lowa Licensing and local law enforcement conducted numerous visits and investigations over the last year; however, the facility remains in good standing with lowa Licensing. (Note: This summary is not all inclusive and does not include child abuse allegations or licensing violations determined to be unfounded and/or unsupported or any investigations in progress.)

- On or about October 15, 2012, a resident's collarbone was broken during a restraint. Investigation revealed that the staff who performed the restraint utilized an unapproved physical restraint technique. This staff, as well as two others who were witnesses, also participated in a "cover up" of any wrongdoing. Staff involved were immediately placed on administrative suspension pending the outcome of an internal investigation. Internal investigation findings resulted in two of the three staff being terminated. The third staff who played a lesser role, received severe disciplinary action but was not terminated.
- During an unannounced visit on June 5, 2013 by Iowa Licensing, the facility was cited for some employee record deficiencies (inadequate information relative to documentation of work performance evaluations); and for a staff training related violation (one or more employees not being properly trained in child abuse identification and training.)
- A physical restraint occurring June 24, 2013 resulted in a multi-tiered investigation into
  allegations of assault and/or abuse by a staff member. This investigation occurred after the
  youth who was the subject of a restraint passed out the following day due to possible head
  trauma incurred and required emergency hospitalization. Law enforcement opined that an
  assault did not occur; however, the staff who performed the restraint was placed on the lowa
  Central Abuse Registry by Iowa CPS for "founded" physical abuse.

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-

8763

LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-

5751

LICENSING EVALUATOR SIGNATURE: DATE: 12/10/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE** 

SIGNATURE:

**DATE:** 12/10/2013

LIC809 (FAS) - (06/04) Page: 3 of 8

# STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: CLARINDA FACILITY NUMBER: 602300055

**ACADEMY** 

**VISIT DATE: 10/29/2013** 

#### **NARRATIVE**

#### COMPLAINTS AND INVESTIGATIONS: (Continued)

- In a restraint on July 12, 2013, the youth being restrained was resistive and hit the Clarinda staff trying to restrain him. In reaction, the staff hit lost his temper and struck the youth three times with his fist. Neither party suffered visible injury and neither wished to press charges. The staff was remorseful afterwards and forthwith in admitting his reaction was wrong. The staff was nevertheless terminated. No licensing violations cited.
- In September 2013, Iowa Licensing conducted an investigation and cited deficiencies related
  to a runaway incident occurring September 5, 2013. In that incident, one client attempted to
  escape from the window of her third floor dorm room using bed sheets tied together.
  However, once outside her window, she fell all the way to the ground seriously injuring herself.
  During the commotion, another youth who was conspiring with her successfully eloped by
  running out of the unit. Deficiencies cited were related to staff hearing rumors the day before
  of the runaway plan and failing to share this information with any other facility staff.

#### FACILITY, PHYSICAL PLAN AND PROGRAM CHANGES:

No significant changes.

#### FIRE INSPECTION / FOOD SERVICE:

It should be noted that Clarinda Academy's buildings and grounds is leased space located within the Clarinda Treatment Complex owned by the State of Iowa. Much of the maintenance as well as the food service is provided by Complex employed staff.

Clarinda was last inspected and certified to meet fire safety rules, regulations and standards by an official with the Iowa Department of Public Safety, Fire Marshall's Division on May 30, 2013.

Meal preparation and service is conducted out of a main, full service (commercial style) kitchen/cafeteria located on the Clarinda Treatment Complex grounds. The kitchen and cafeteria is owned and operated by the State of Iowa. Other entities on the complex grounds utilize the kitchen as well, however, meal times are staggered and there is no commingling of clients. The kitchen was last inspected by authorities with Western Iowa Regional Inspections on May 13,, 2013. A walk through of the kitchen by this analyst revealed no issues of concern.

6/13

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 3278763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 8385751

LICENSING EVALUATOR SIGNATURE:

DATE: 12/10/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE
SIGNATURE:

DATE: 12/10/2013

LIC809 (FAS) - (06/04) Page: 4 of 8

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-54 SACRAMENTO, CA 95814
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**FACILITY NAME:** CLARINDA **FACILITY NUMBER:** 602300055

ACADEMY

**VISIT DATE:** 10/29/2013

NARRATIVE

#### **ACCREDITATIONS:**

Clarinda Academy clients attend an on-grounds private school (7th thru 12 grade) accredited by the North Central Association Commission on Accreditation and School Improvement, a division of AdvanceD. The current accreditation is good through July 30, 2018.

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Clarinda Academy is accredited by the Joint Commission which has surveyed the organization and found it to meet the requirements for the Behavioral Health Care Accreditation Program. Accreditation was issued on February 19, 2011 and is valid for up to 36 months.

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Clarinda Academy is also certified by the Iowa Department of Public Health as meeting the requirements to conduct and maintain Juvenile Level I and II.1 Substance Abuse Treatment Services. (Effective June 12, 2011 through February 19, 2014.)

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#### SCOPE AND STATUS OF RECERTIFICATION REVIEW:

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• Entrance interview with Executive Director Reggie St Romain; Group Living Director Mike Butt and Andrea Yerington, Quality Assurance Officer.

 Collection of updated and current licensing documents, organizational and program information material.

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• Discussion on the implementation of CA AB 12 (Fostering Connections to Success Act.)

Sample of client files reviewed.Sample of personnel files reviewed.

Walking tour of campus and all living halls

Four clients interviewed

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#### FINDINGS, CONCERNS, VIOLATIONS:

Facility found to be clean, safe, sanitary and in good repair. Services provided meet or exceed CA group home licensing standards.

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-

8763

LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-

5751

LICENSING EVALUATOR SIGNATURE: DATE: 12/10/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE

**SIGNATURE:** 

**DATE:** 12/10/2013

LIC809 (FAS) - (06/04) Page: 5 of 8

### STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES **AGENCY**

**FACILITY EVALUATION REPORT (Cont)** 

CALIFORNIA DEPARTMENT OF SOCIAL **SERVICES** COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-54 SACRAMENTO, CA 95814

**FACILITY NAME: CLARINDA FACILITY NUMBER: 602300055** 

**ACADEMY** 

**VISIT DATE:** 10/29/2013

#### **NARRATIVE**

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#### FINDINGS, CONCERNS, VIOLATIONS (Continued)

The following are areas that need to be brought into compliance with California Title 22 group home licensing standards:

Monthly Restraint Log [Section 84361(f) & (g)]

A monthly log of each use of manual restraints must be maintained by the facility and available for review and/or production to the CDSS upon request during normal business hours.

Note: Restraints include all escorts and re-directions where there is any element of force used or the client's free movement is infringed upon.)

The log must be available for review and/or production to the CDSS upon request and each incident of manual restraint needs to include the following:

- Name (or initials) of each child and identification of placing state/entity.
- Date and time of the intervention.
- Duration of the intervention.
- Identification of the SCM physical hold or restraint technique used.
- Name(s) of facility staff member(s) who participated in the physical intervention.
- Result, comments or evidence of administrative review.

#### Internal Biannual Review of the Use of Emergency (Physical) Interventions

Procedures for an internal biannual review of the use of emergency interventions must be developed. Procedures must include at least the following:

- (1) Review to be conducted by the administrator or the administrator's designee.
- (2) Analysis of patterns/trends of use of emergency interventions in the previous six (6) month period, based on:
  - a) Review of all records related to the use of emergency interventions for accuracy and completeness.
  - b) Review of the use, effectiveness and duration of each emergency intervention including, a determination of the effectiveness and appropriateness of the intervention technique used in each situation.
  - c) Review of the frequency of emergency interventions in the previous six (6) month period.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster 5751

LICENSING EVALUATOR SIGNATURE:

DATE: 12/10/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE DATE: 12/10/2013

SIGNATURE:

LIC809 (FAS) - (06/04) Page: 6 of 8

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 8-3-54 SACRAMENTO, CA 95814
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FACILITY NAME: CLARINDA FACILITY NUMBER: 602300055

ACADEMY

**VISIT DATE:** 10/29/2013

**NARRATIVE** 

#### FINDINGS, CONCERNS, VIOLATIONS (Continued)

- (3) Corrective or improvement action plan, if needed.
- (4) \*The biannual review and corrective or improvement action plan must be submitted to the Department no later than the fifth (5th) day of the month following the review.
- (5) The licensee shall provide a copy of the biannual review and corrective action plan, if applicable, to the authorized representative upon request.

Biannual review reports to be provided to CDSS beginning July 5, 2014 (for period January 1 through June 30, 2014) and January 1, 2015 (for period July 1, 2014 through December 31, 2014) and for every six month period thereafter.

#### AB 12 / Non-Minor Dependent Program Addendum

Currently, Clarinda's CDSS certification allows for the facility to care for male and female youth ages 11 to 17.

On January 1, 2012, new interim California licensing regulations went into effect as a result of the passage of California Assembly Bill (AB) 12 passed in 2011.

Formerly, foster care benefits and services virtually ended when a child turned 18. In short, AB 12 extends benefits in a variety and number of ways to youth who have "aged out." Such youth (termed non-minor dependents or NMDs for short) may now remain in group home care until they complete high school or its equivalent (up to age 19 maximum.) However, in order to continue to provide care for them, the facility must comply with new AB 12 regulations.

In July of 2012, CCLD Information Release 2013-02 was mailed to all out-of-state group home providers explaining the new law and instructing that if a group home facility was desirous of retaining and providing services to NMDs a program statement addendum was in order.

Although Clarinda Academy did provide a letter to the CDSS indicating it was their intention to retain 18 year olds in their care until high school completion of its equivalent, they have not submitted an AB 12 program statement addendum. Until the facility submits an AB 12 program addendum, CDSS approval to provide care to NMDs will not be given.

SUPERVISOR'S NAME: Mei Yuk Kung TELEPHONE: (916) 327-

LICENSING EVALUATOR NAME: Carol Lancaster TELEPHONE: (916) 838-

LICENSING EVALUATOR SIGNATURE: DATE: 12/10/2013

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FACILITY REPRESENTATIVE

SIGNATURE:

**DATE:** 12/10/2013

LIC809 (FAS) - (06/04) Page: 7 of 8

## STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**FACILITY EVALUATION REPORT (Cont)** 

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS
8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: CLARINDA

**ACADEMY** 

**FACILITY NUMBER: 602300055** 

**VISIT DATE: 10/29/2013** 

#### **NARRATIVE**

1	PLAN OF IMPROVEMENT OR CORRECTION:
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A written plan addressing the aforementioned three areas (Monthly Restraint Log; Biannual Review of Emergency Interventions; AB 12 Program Statement addendum) is expected to be submitted to the CDSS by December 31, 2013.

#### 6 CERTIFICATION DECISION:

7 Re-certify.

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Recertification may be revisited if the facility fails to properly address the items referenced in the plan of correction above in a timely manner.

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LIC809 (FAS) - (06/04) Page: 8 of 8